trial production, the Health Resources Advisory Committee has given considerable attention to methods of improving industrial health services, especially among smaller industries. It has distributed over 30,000 pamphlets on industrial health services, assisted with revising the health aspects of the Walsh-Healy Defense Production Act, and has created a special task force on the handicapped.

The committee's special studies include an analysis of the teaching staffs of medical, dental, veterinary, and public health schools; state and local health department needs; inventories of intern and resident staffs; armed forces rejection rates for physicians and dentists; construction of rosters of physicians, dentists, and veterinarians and surveys of the current supply, potential future supply, and projected needs in both civil and military life.

On the committee's recommendation, the Director of the Office of Defense Mobilization requested the Public Health Service to become the claimant agency for all health equipment and supplies, medicinals and chemicals, biological preparations, blood and blood derivatives.

Although solely an advisory committee, its advice is regularly requested and acted upon by the Office of Defense Mobilization, the Department of Defense, the Selective Service System, the new Department of Health, Education and Welfare, and occasionally by members and committees of Congress. One might suggest that the House Appropriations Committee and the Bureau of the Budget would benefit from the informed and expert opinion of this group before learning by the hard way "the high cost of parsimony" when dealing with the health of the nation.

VISITING HOMEMAKER

THE extraordinarily high cost of hospitalization has been recognized in numerous efforts of various sorts to transfer to the home the care of illnesses that do not actually require the elaborate provisions of a modern hospital. The best known of such projects, and one of the most successful, has been the Montefiore Plan in New York City. Everywhere, of course, the presence of a well planned and well supervised public health nursing service plays an important role in home care.

In all such programs, and in many other types of domestic emergency, there is a fundamental need to provide—not only for the care of the patient—but for the performance of the nontechnical household tasks which a handicapped housekeeper is unable to perform.

In Denmark a comprehensive national program has been initiated to meet this need. During the first year of its operation, 23,000 families in Copenhagen alone have taken advantage of a law providing government subsidized household help during family emergencies at a cost scaled to the family's ability to pay. The household helpers, middle-aged women, are government-trained in the arts of housekeeping, cooking, repairing clothing, caring for children, and budgeting. Their stay with any one family is generally restricted to a fortnight.

Illness in the home accounted for more than half of the answered calls for help, and both hospitals and clinics have reported a declining demand for hospital treatment since the law has been in operation. In cases where it has been necessary for wives to enter hospitals, the household helper has been able to preserve the home for the husband and children, and the authorities consider this the most important result of the law.

In the sliding scale, a family of four in Copenhagen having an income of less

than $1,000 a year would receive such aid free of charge; the same-sized family with an income of $2,100 or more would be charged $2.75 a day.

A somewhat similar program was initiated by Sir Allen Daley in England as early as 1920. It formed a part of the program of the National Health Service Act of 1946. At the end of 1950, over 2,500 of these "Home Helpers" were employed by the London County Council, serving a total of 25,805 families. At the end of 1949, there were 3,967 full-time, and 14,688 part-time workers of this type employed in England and Wales.[1]

Less ambitious programs of a similar kind have been initiated under private auspices in many North American communities. One of the best examples is to be found in Toronto. The Visiting Homemakers Association of Toronto[2] is a constituent member of the Community Chest. It provides two distinct types of service: 46 homemakers are employed in short-term service during confinement or temporary illness; and 16 staff members are employed in long-term service, where such assistance may be feasible as an alternative to placing "deprived" children in foster homes. These homemakers render a service far more intensive than that of domestic help. Their work is so planned and supervised as to involve fundamental advice about adequate nutrition and sound family budgeting. Sometimes their work extends to doing educational training of a teen-age girl who may be keeping house. The association tries to give these workers a "sense of mission and a semi-professional status." Their work is supplemented by special classes for training mothers, themselves, in nutrition, budgeting, and household management.

The cost of the service is estimated at $7 per day, but only a few families can pay this maximum fee. In most instances, the amount that a family can pay is supplemented by the city or by the association itself. Actually, clients' fees pay only about 22 per cent of the total cost. The association derives the major portion of its own funds from the Community Chest.

The organization works in the closest cooperation with the health and social agencies of the community. It performs a most useful function through its services to the families involved; and by its continuing self-analysis and careful planning it is adding materially to our knowledge of the best ways in which the sciences pertaining to homemaking can be applied on a practical scale.

---

1. Sir Allen Daley, M.D. The British Home Help Service. *Am. J. Nursing* 52:991–993 (Aug.), 1952.
2. The Visiting Homemakers Association, 511 Huron Street, Toronto 5, Ontario.

RENÉ SAND

THE death of René Sand on August 23 has taken from us one of the most outstanding world leaders in public health.

Sand was born in 1877 and made his first appearance in the international field in 1921 when he joined the staff of the League of Red Cross Societies, of which he became secretary-general. In 1929 he founded and became the first president of The International Hospitals Association. He served as secretary-general of the Belgian Ministry of Health beginning with 1937. After the second World War he occupied the chair of social medicine at the University of Brussels (1945–1952). He took a prominent part in the activities of the health section of the League of Nations and the World Health Organization.

Sand's greatest influence was, however, exerted by two important books,